ATTACHMENT 4.19E



DEFINITION OF A CLAIM BY TYPE OF SERVICE

A claim is defined as a request for reimbursement for medical services rendered to an eligible Medicaid recipient.

Claims must be submitted on acceptable claim forms.

- Claim Form A used by Practitioners (physicians, podiatrists, private duty nurses, therapists, clinical psychologists), Clinics (Outpatient and Free-Standing), Dental providers, (private practicing, schools and clinics), Laboratories, HMO's Referred Ambulatory, Home Health, Personal Care Services, Transportation and Eye Care providers.
- 2) Practitioner Claim Form used by Physicians.
- 3) Claim Form B used by Skilled Nursing Facilities, Health Related Facilities, Child Care Agencies and Intermediate Care Facilities.
- 4) Claim Form C used by Hearing Aid dealers and Durable Medical Supplies, Equipment and Appliances vendors.
- 5) UBF-1-81 used by Inpatient Hospital providers.

- 6) Pharmacy Claim Form used by pharmacy providers.
- 7) Child Health Assurance Program Claims and report Form used by physicians and clinics to bill for services rendered under the CHAP (EPSDT) program.
- 8) Universal Physican Claim Form (New York State's modification of the HCFA-1500) (when implemented will be used by physicians).

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Claims are submitted either using the approved rate for each service or billing on a fee-for-service basis.

Providers which submit claims on a fee-for-service basis include:

Physicians/CHAP physicians

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Podiatrists

Private Duty Nurses

Therapists

Clinical Psychologists

Pharmacies

Dentists (private practice, dental school)

Laboratories

Eye Care

Referred Ambulatory

Transportation

Durable Medical Supplies, Equipment, Appliances

Hearing Aid Dealers

Providers which submit claims based on a rate include:

Outpatient Clinics

Free Standing Clinics

Inpatient Hospital

Skilled Nursing Facilities

Health Related Facilities

HMO

Home Health Agencies (including Long Term Home Health)

Personal Care Services

Child Can encies

Intermediate Care Facilities/MR

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